

**HUMAN SERVICES DEPARTMENT[441]**

**Adopted and Filed Emergency**

Pursuant to the authority of Iowa Code section 249A.4 and 2013 Iowa Acts, Senate File 446, section 29, the Department of Human Services amends Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Chapter 79, “Other Policies Relating to Providers of Medical and Remedial Care,” and Chapter 83, “Medicaid Waiver Services,” Iowa Administrative Code.

These amendments implement Medicaid provider reimbursement rate increases in accordance with 2013 Iowa Acts, Senate File 446, section 29.

The Council on Human Services adopted these amendments on June 26, 2013.

Pursuant to Iowa Code section 17A.4(3), the Department finds that notice and public participation are impracticable because the Legislature authorized the Department to adopt these amendments to be effective July 1, 2013.

Pursuant to Iowa Code section 17A.5(2)“b”(1), the Department further finds that the normal effective date of these amendments, 35 days after publication, should be waived and the amendments made effective July 1, 2013, because the amendments are in accordance with legislative intent pursuant to 2013 Iowa Acts, Senate File 446, section 29.

These amendments are also published herein under Notice of Intended Action as **ARC 0841C** to allow for public comment.

These amendments do not provide for waiver in specified situations because requests for waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

These amendments are intended to implement Iowa Code section 249A.4.

These amendments became effective July 1, 2013.

The following amendments are adopted.

ITEM 1. Amend subparagraph **78.34(9)“g”(1)** as follows:

(1) Payment of up to ~~\$6,060~~ \$6,366.64 per year may be made to certified providers upon satisfactory completion of the service.

ITEM 2. Amend paragraph **78.41(2)“i”** as follows:

i. Payment for respite services shall not exceed ~~\$7,050~~ \$7,262 per the member’s waiver year.

ITEM 3. Amend paragraph **78.43(5)“g”** as follows:

g. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment of up to ~~\$6,060~~ \$6,366.64 per year may be made to certified providers upon satisfactory completion of the service. The case manager or service worker may encumber a portion of the cost of a modification every month within the monthly dollar cap allowed for the member until the entire cost of the modification is encumbered within a consecutive 12-month period.

ITEM 4. Amend paragraph **78.46(2)“g”** as follows:

g. Service payment shall be made to the enrolled home or vehicle modification provider. If applicable, payment will be forwarded to the subcontracting agency by the enrolled home or vehicle modification provider following completion of the approved modifications. Payment of up to ~~\$6,060~~ \$6,366.64 per year may be made to certified providers upon satisfactory completion of the service. The case manager or service worker shall encumber a portion of the cost of a modification every month within the monthly dollar cap allowed for the member until the entire cost of the modification is encumbered within a consecutive 12-month period.

ITEM 5. Amend subrule 79.1(2) as follows:

**79.1(2) Basis of reimbursement of specific provider categories.**

Provider category	Basis of reimbursement	Upper limit
Advanced registered nurse practitioners	Fee schedule	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Ambulance	Fee schedule	Ground ambulance: Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 10%. Air ambulance: Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 10%.
Ambulatory surgical centers	Base rate fee schedule as determined by Medicare. See 79.1(3)	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Area education agencies	No change.	No change.
Assertive community treatment	Fee schedule	<del>\$50.57</del> \$51.08 per day for each day on which a team meeting is held. Maximum of 5 days per week.
Audiologists	Fee schedule	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Behavioral health intervention	Fee schedule as determined by the Iowa Plan for Behavioral Health	Fee schedule in effect <del>7/1/11</del> 7/1/13.
Behavioral health services	Fee schedule	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Birth centers	Fee schedule	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Chiropractors	Fee schedule	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Clinics	No change.	No change.
Community mental health centers and providers of mental health services to county residents pursuant to a waiver approved under Iowa Code section 225C.7(3)	No change.	No change.
Dentists	Fee schedule	Fee schedule in effect 11/30/09 less <del>2.5%</del> 6/30/13 plus 1%.
Durable medical equipment, prosthetic devices and medical supply dealers	Fee schedule. See 79.1(4)	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Family planning clinics	Fee schedule	Fee schedule in effect <del>4/31/10</del> 6/30/13 plus 1%.
Federally qualified health centers	No change.	No change.
HCBS waiver service providers, including:		Except as noted, limits apply to all waivers that cover the named provider.

Provider category	Basis of reimbursement	Upper limit
1. Adult day care	Fee schedule	<p>Effective 7/1/13, for AIDS/HIV, brain injury, elderly, and ill and handicapped waivers: Provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13</u> plus 3%, converted to a 15-minute, half-day, full-day, or extended-day rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: Veterans Administration contract rate or <del>\$1.41</del> <u>\$1.45</u> per 15-minute unit, <del>\$22.56</del> <u>\$23.24</u> per half day, <del>\$44.94</del> <u>\$46.26</u> per full day, or <del>\$67.35</del> <u>\$69.37</u> per extended day if no Veterans Administration contract.</p> <p>Effective 7/1/13, for intellectual disability waiver: County contract rate or, in the absence of a contract rate, provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13</u> plus 3%, converted to a 15-minute, half-day, full-day, or extended-day rate. If no <del>6/30/12</del> <u>6/30/13</u> rate, <del>\$1.88</del> <u>\$1.94</u> per 15-minute unit, <del>\$30.06</del> <u>\$30.96</u> per half day, <del>\$60.00</del> <u>\$61.80</u> per full day, or <del>\$76.50</del> <u>\$78.80</u> per extended day.</p>
2. Emergency response system:		
Personal response system	Fee schedule	<p>Effective <del>4/1/13</del> <u>7/1/13</u>, provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13</u> plus 3%. If no <del>6/30/12</del> <u>6/30/13</u> rate: Initial one-time fee: <del>\$50.52</del> <u>\$52.04</u>. Ongoing monthly fee: <del>\$39.29</del> <u>\$40.47</u>.</p>
Portable locator system	Fee schedule	<p>Effective <del>4/1/13</del> <u>7/1/13</u>, provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13</u> plus 3%. If no <del>6/30/12</del> <u>6/30/13</u> rate: One equipment purchase: <del>\$313.84</del> <u>\$323.26</u>. Initial one-time fee: <del>\$50.52</del> <u>\$52.04</u>. Ongoing monthly fee: <del>\$39.29</del> <u>\$40.47</u>.</p>

Provider category	Basis of reimbursement	Upper limit
3. Home health aides	Retrospective cost-related	For AIDS/HIV, elderly, and health and disability waivers effective <del>4/1/13</del> <u>7/1/13</u> : Lesser of maximum Medicare rate in effect <del>11/30/09</del> <u>plus 2%</u> <u>6/30/13</u> <u>plus 3%</u> or maximum Medicaid rate in effect <del>6/30/12</del> <u>plus 2%</u> <u>6/30/13</u> <u>plus 3%</u> .
4. Homemakers	Fee schedule	For intellectual disability waiver effective <del>4/1/13</del> <u>7/1/13</u> : Lesser of maximum Medicare rate in effect <del>11/30/09</del> <u>plus 2%</u> <u>6/30/13</u> <u>plus 3%</u> or maximum Medicaid rate in effect <del>6/30/12</del> <u>plus 2%</u> <u>6/30/13</u> <u>plus 3%</u> , converted to an hourly rate. Effective 7/1/13, provider's rate in effect <del>6/30/12</del> <u>plus 2%</u> <u>6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$5.05</del> <u>\$5.20</u> per 15-minute unit.
5. Nursing care	For elderly and intellectual disability waivers: Fee schedule as determined by Medicare.	For elderly waiver effective <del>4/1/13</del> <u>7/1/13</u> , provider's rate in effect <del>6/30/12</del> <u>plus 2%</u> <u>6/30/13</u> <u>plus 3%</u> . If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$84.58</del> <u>\$87.12</u> per visit. For intellectual disability waiver effective <del>4/1/13</del> <u>7/1/13</u> : Lesser of maximum Medicare rate in effect <del>11/30/09</del> <u>plus 2%</u> <u>6/30/13</u> <u>plus 3%</u> or maximum Medicaid rate in effect <del>6/30/12</del> <u>plus 2%</u> <u>6/30/13</u> <u>plus 3%</u> , converted to an hourly rate.
6. Respite care when provided by: Home health agency: Specialized respite	For AIDS/HIV and health and disability waivers: Agency's financial and statistical cost report and Medicare percentage rate per visit.  Cost-based rate for nursing services provided by a home health agency	For AIDS/HIV and health and disability waivers effective <del>4/1/13</del> <u>7/1/13</u> , provider's rate in effect <del>6/30/12</del> <u>plus 2%</u> <u>6/30/13</u> <u>plus 3%</u> . If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$84.58</del> <u>\$87.12</u> per visit.  Effective 7/1/13, provider's rate in effect <del>6/30/12</del> <u>plus 2%</u> <u>6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: Lesser of maximum Medicare rate in effect <del>11/30/09</del> <u>plus 2%</u> <u>6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect <del>6/30/12</del> <u>plus 2%</u> <u>6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate, not to exceed <del>\$302.88</del> <u>\$311.97</u> per day.

Provider category	Basis of reimbursement	Upper limit
Basic individual respite	Cost-based rate for home health aide services provided by a home health agency	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: Lesser of maximum Medicare rate in effect <del>11/30/09 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate, not to exceed <del>\$302.88</del> <u>\$311.97</u> per day.
Group respite	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.35</del> <u>\$3.45</u> per 15-minute unit, not to exceed <del>\$302.88</del> <u>\$311.97</u> per day.
Home care agency: Specialized respite	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$8.61</del> <u>\$8.87</u> per 15-minute unit, not to exceed <del>\$302.88</del> <u>\$311.97</u> per day.
Basic individual respite	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$4.59</del> <u>\$4.73</u> per 15-minute unit, not to exceed <del>\$302.88</del> <u>\$311.97</u> per day.
Group respite	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.35</del> <u>\$3.45</u> per 15-minute unit, not to exceed <del>\$302.88</del> <u>\$311.97</u> per day.
Nonfacility care: Specialized respite	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$8.61</del> <u>\$8.87</u> per 15-minute unit, not to exceed <del>\$302.88</del> <u>\$311.97</u> per day.
Basic individual respite	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$4.59</del> <u>\$4.73</u> per 15-minute unit, not to exceed <del>\$302.88</del> <u>\$311.97</u> per day.

Provider category	Basis of reimbursement	Upper limit
Group respite	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.35</del> <u>\$3.45</u> per 15-minute unit, not to exceed <del>\$302.88</del> <u>\$311.97</u> per day.
Facility care:		
Hospital or nursing facility providing skilled care	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.35</del> <u>\$3.45</u> per 15-minute unit, not to exceed the facility's daily Medicaid rate for skilled nursing level of care.
Nursing facility	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.35</del> <u>\$3.45</u> per 15-minute unit, not to exceed the facility's daily Medicaid rate.
Camps	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.35</del> <u>\$3.45</u> per 15-minute unit, not to exceed <del>\$302.88</del> <u>\$311.97</u> per day.
Adult day care	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.35</del> <u>\$3.45</u> per 15-minute unit, not to exceed rate for regular adult day care services.
Intermediate care facility for persons with an intellectual disability	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.35</del> <u>\$3.45</u> per 15-minute unit, not to exceed the facility's daily Medicaid rate.
Residential care facilities for persons with an intellectual disability	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.35</del> <u>\$3.45</u> per 15-minute unit, not to exceed contractual daily rate.

Provider category	Basis of reimbursement	Upper limit
Foster group care	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.35</del> <u>\$3.45</u> per 15-minute unit, not to exceed daily rate for child welfare services.
Child care facilities	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.35</del> <u>\$3.45</u> per 15-minute unit, not to exceed contractual daily rate.
7. Chore service	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.93</del> <u>\$4.05</u> per 15-minute unit.
8. Home-delivered meals	Fee schedule	Effective <del>4/1/13</del> <u>7/1/13</u> , provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> . If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$7.86</del> <u>\$8.10</u> per meal. Maximum of 14 meals per week.
9. Home and vehicle modification	Fee schedule. See 79.1(17)	For elderly waiver effective <del>4/1/13</del> <u>7/1/13</u> : <del>\$1,030.20</del> <u>\$1,061.11</u> lifetime maximum.  For intellectual disability waiver effective <del>4/1/13</del> <u>7/1/13</u> : <del>\$5,151</del> <u>\$5,305.53</u> lifetime maximum.  For brain injury, health and disability, and physical disability waivers effective <del>4/1/13</del> <u>7/1/13</u> : <del>\$6,181.20</del> <u>\$6,366.64</u> per year.
10. Mental health outreach providers	Fee schedule	Effective <del>4/1/13</del> <u>7/1/13</u> , provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> . If no <del>6/30/12</del> <u>6/30/13</u> rate: On-site Medicaid reimbursement rate for center or provider. Maximum of 1,440 units per year.
11. Transportation	Fee schedule	Effective 7/1/13: County contract rate or, in the absence of a contract rate, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a mile or one-way trip unit rate.

Provider category	Basis of reimbursement	Upper limit
12. Nutritional counseling	Fee schedule	Effective 7/1/13 for non-county contract: Provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$8.42</del> <u>\$8.67</u> per 15-minute unit.
13. Assistive devices	Fee schedule. See 79.1(17)	Effective <del>4/1/13</del> <u>7/1/13</u> : <del>\$112.25</del> <u>\$115.62</u> per unit.
14. Senior companion	Fee schedule	Effective 7/1/13 for non-county contract: Provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$1.82</del> <u>\$1.87</u> per 15-minute unit.
15. Consumer-directed attendant care provided by:		
Agency (other than an elderly waiver assisted living program)	Fee agreed upon by member and provider	Effective 7/1/13, provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$5.15</del> <u>\$5.30</u> per 15-minute unit, not to exceed <del>\$119.05</del> <u>\$122.62</u> per day.
Assisted living program (for elderly waiver only)	Fee agreed upon by member and provider	Effective 7/1/13, provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$5.15</del> <u>\$5.30</u> per 15-minute unit, not to exceed <del>\$119.05</del> <u>\$122.62</u> per day.
Individual	Fee agreed upon by member and provider	Effective 7/1/13, <del>\$3.44</del> <u>\$3.54</u> per 15-minute unit, not to exceed <del>\$80.13</del> <u>\$82.53</u> per day.
16. Counseling:		
Individual	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$11.04</del> <u>\$11.34</u> per 15-minute unit.
Group	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13</u> <u>plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$11.00</del> <u>\$11.33</u> per 15-minute unit. Rate is divided by six, or, if the number of persons who comprise the group exceeds six, the actual number of persons who comprise the group.
17. Case management	No change.	No change.

Provider category	Basis of reimbursement	Upper limit
18. Supported community living	Retrospectively limited prospective rates. See 79.1(15)	For intellectual disability and brain injury waiver effective 7/1/13: <del>\$8.92</del> <u>\$9.19</u> per 15-minute unit, not to exceed the maximum daily ICF/ID rate per day in effect <del>6/30/12</del> <u>6/30/12</u> plus <del>2%</del> <u>2%</u> plus 3%.
19. Supported employment:		
Activities to obtain a job:		
Job development	Fee schedule	Effective <del>4/1/13</del> <u>7/1/13</u> , provider's rate in effect <del>6/30/12</del> <u>6/30/12</u> plus <del>2%</del> <u>2%</u> <del>6/30/13</del> <u>6/30/13</u> plus 3%. If no <del>6/30/12</del> <u>6/30/12</u> <del>6/30/13</del> <u>6/30/13</u> rate: <del>\$927.48</del> <u>\$955.00</u> per unit (job placement). Maximum of two units per 12 months.
Employer development	Fee schedule	Effective <del>4/1/13</del> <u>7/1/13</u> , provider's rate in effect <del>6/30/12</del> <u>6/30/12</u> plus <del>2%</del> <u>2%</u> <del>6/30/13</del> <u>6/30/13</u> plus 3%. If no <del>6/30/12</del> <u>6/30/12</u> <del>6/30/13</del> <u>6/30/13</u> rate: <del>\$927.48</del> <u>\$955.00</u> per unit (job placement). Maximum of two units per 12 months.
Enhanced job search	Retrospectively limited prospective rates. See 79.1(15)	Effective 7/1/13: <del>\$8.92</del> <u>\$9.19</u> per 15- <del>minute</del> <u>minute</u> unit. Maximum of 104 units per 12 months.
Supports to maintain employment	Retrospectively limited prospective rates. See 79.1(15)	Effective 7/1/13: <del>\$8.92</del> <u>\$9.19</u> per 15-minute unit for all activities other than personal care and services in an enclave setting. <del>\$5.05</del> <u>\$5.20</u> per 15-minute unit for personal care. <del>\$1.58</del> <u>\$1.63</u> per 15-minute unit for services in an enclave setting. <del>\$2,941.38</del> <u>\$3,029.62</u> per month for total service. Maximum of 160 units per week.
20. Specialized medical equipment	Fee schedule. See 79.1(17)	Effective <del>4/1/13</del> <u>7/1/13</u> , <del>\$6,181.20</del> <u>\$6,366.64</u> per year.
21. Behavioral programming	Fee schedule	Effective <del>4/1/13</del> <u>7/1/13</u> , provider's rate in effect <del>6/30/12</del> <u>6/30/12</u> plus <del>2%</del> <u>2%</u> <del>6/30/13</del> <u>6/30/13</u> plus 3%. If no <del>6/30/12</del> <u>6/30/12</u> <del>6/30/13</del> <u>6/30/13</u> rate: <del>\$11.01</del> <u>\$11.34</u> per 15 minutes.
22. Family counseling and training	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12</del> <u>6/30/12</u> plus <del>2%</del> <u>2%</u> <del>6/30/13</del> <u>6/30/13</u> plus 3%, converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/12</u> <del>6/30/13</del> <u>6/30/13</u> rate: <del>\$11.00</del> <u>\$11.33</u> per 15-minute unit.

Provider category	Basis of reimbursement	Upper limit
23. Prevocational services	Fee schedule	County contract rate or, in absence of a contract rate, effective 7/1/13: Lesser of provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13 plus 3%</u> , <del>\$49.18 \$50.66</del> per day or <del>\$13.47</del> <u>\$13.87</u> per hour.
24. Interim medical monitoring and treatment:		
Home health agency (provided by home health aide)	Cost-based rate for home health aide services provided by a home health agency	Effective 7/1/13: Lesser of maximum Medicare rate in effect <del>11/30/09</del> <u>plus 2% 6/30/13 plus 3%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13 plus 3%</u> , converted to a 15-minute rate.
Home health agency (provided by nurse)	Cost-based rate for nursing services provided by a home health agency	Effective 7/1/13: Lesser of maximum Medicare rate in effect <del>11/30/09</del> <u>plus 2% 6/30/13 plus 3%</u> , converted to a 15-minute rate, or maximum Medicaid rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13 plus 3%</u> , converted to a 15-minute rate.
Child development home or center	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.35</del> <u>\$3.45</u> per 15-minute unit.
Supported community living provider	Retrospectively limited prospective rate. See 79.1(15)	Effective 7/1/13, provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$8.92</del> <u>\$9.19</u> per 15-minute unit, not to exceed the maximum ICF/ID rate per day in effect <del>6/30/12</del> <u>plus 2% plus 3%</u> .
25. Residential-based supported community living	Retrospectively limited prospective rates. See 79.1(15)	Effective <del>1/1/13</del> <u>7/1/13</u> : Not to exceed the maximum ICF/ID rate per day in effect <del>6/30/12</del> <u>plus 2% plus 3%</u> .
26. Day habilitation	Fee schedule	Effective 7/1/13: County contract rate converted to a 15-minute or daily rate or, in the absence of a contract rate, provider's rate in effect <del>6/30/12</del> <u>plus 2% 6/30/13 plus 3%</u> , converted to a 15-minute or daily rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$3.37</del> <u>\$3.47</u> per 15-minute unit or <del>\$65.58</del> <u>\$67.55</u> per day.
27. Environmental modifications and adaptive devices	Fee schedule. See 79.1(17)	Effective <del>1/1/13</del> <u>7/1/13</u> , <del>\$6,181.20</del> <u>\$6,366.64</u> per year.

Provider category	Basis of reimbursement	Upper limit
28. Family and community support services	Retrospectively limited prospective rates. See 79.1(15)	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$8.92</del> <u>\$9.19</u> per 15-minute unit.
29. In-home family therapy	Fee schedule	Effective 7/1/13, provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> , converted to a 15-minute rate. If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$23.88</del> <u>\$24.60</u> per 15-minute unit.
30. Financial management services	Fee schedule	Effective <del>4/1/13</del> <u>7/1/13</u> , provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> . If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$66.96</del> <u>\$68.97</u> per enrolled member per month.
31. Independent support broker	Rate negotiated by member	Effective <del>4/1/13</del> <u>7/1/13</u> , provider's rate in effect <del>6/30/12 plus 2%</del> <u>6/30/13 plus 3%</u> . If no <del>6/30/12</del> <u>6/30/13</u> rate: <del>\$15.45</del> <u>\$15.91</u> per hour.
32. Self-directed personal care	No change.	No change.
33. Self-directed community supports and employment	No change.	No change.
34. Individual-directed goods and services	No change.	No change.
35. Assisted living on-call service providers (elderly waiver only)	Fee agreed upon by member and provider.	<del>\$25.00</del> <u>\$25.75</u> per day.
Health home services provider	No change.	No change.
Hearing aid dispensers	Fee schedule plus product acquisition cost	Fee schedule in effect <del>11/30/09</del> <u>6/30/13</u> <del>plus 1%</del> <u>plus 1%</u> .
Home- and community-based habilitation services:		
1. Case management	No change.	No change.
2. Home-based habilitation	No change.	No change.
3. Day habilitation	No change.	No change.
4. Prevocational habilitation	No change.	No change.
5. Supported employment:		
Activities to obtain a job:	No change.	No change.
Home health agencies	No change.	No change.
Hospices	No change.	No change.
Hospitals (Critical access)	No change.	No change.
Hospitals (Inpatient)	Prospective reimbursement. See 79.1(5)	Reimbursement rate in effect <del>11/30/09</del> <u>6/30/13</u> <del>plus 1%</del> <u>plus 1%</u> .
Hospitals (Outpatient)	Prospective reimbursement or hospital outpatient fee schedule. See 79.1(16) "c"	Ambulatory payment classification rate or hospital outpatient fee schedule rate in effect <del>11/30/09</del> <u>6/30/13</u> <del>plus 1%</del> <u>plus 1%</u> .

Provider category	Basis of reimbursement	Upper limit
Independent laboratories	No change.	No change.
Indian health service 638 facilities	1. No change. 2. No change.	1. No change. 2. No change.
Infant and toddler program providers	No change.	No change.
Intermediate care facilities for the mentally retarded	No change.	No change.
Lead inspection agency	Fee schedule	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Local education agency services providers	No change.	No change.
Maternal health centers	Reasonable cost per procedure on a prospective basis as determined by the department based on financial and statistical data submitted annually by the provider group	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Nursing facilities:		
1. Nursing facility care	No change.	No change.
2. Hospital-based, Medicare-certified nursing care	No change.	No change.
Occupational therapists	Fee schedule	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Opticians	Fee schedule. Fixed fee for lenses and frames; other optical materials at product acquisition cost	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Optometrists	Fee schedule. Fixed fee for lenses and frames; other optical materials at product acquisition cost	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Orthopedic shoe dealers	Fee schedule	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Pharmaceutical case management	No change.	No change.
Pharmacy administration of influenza vaccine to children	Physician fee schedule for immunization administration	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Physical therapists	Fee schedule	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Physicians (doctors of medicine or osteopathy)	Fee schedule. See 79.1(7) "a"	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Anesthesia services	Fee schedule	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Physician-administered drugs	Fee schedule	Fee schedule in effect 6/30/12 less <del>2%</del> 6/30/13 plus 1%.
Qualified primary care services furnished in 2013 or 2014	No change.	No change.
Podiatrists	Fee schedule	Fee schedule in effect 11/30/09 less <del>5%</del> 6/30/13 plus 1%.
Prescribed drugs	No change.	No change.
Psychiatric medical institutions for children:		
1. Inpatient	No change.	No change.

Provider category	Basis of reimbursement	Upper limit
2. Outpatient day treatment	Fee schedule	<del>Effective 8/1/11:</del> Fee schedule in effect <del>11/30/09</del> <u>6/30/13</u> plus 1%.
Psychologists	Fee schedule	Fee schedule in effect <del>11/30/09</del> <u>6/30/13</u> plus 1%.
Public health agencies	Fee schedule	Fee schedule rate <u>in effect 6/30/13</u> plus 1%.
Rehabilitation agencies	Fee schedule	Medicare fee schedule <del>less 5%</del> <u>6/30/13 plus 1%</u> ; refer to 79.1(21).
Remedial services	No change.	No change.
Rural health clinics	No change.	No change.
Screening centers	Fee schedule	<del>Reimbursement rate for center</del> Fee schedule in effect <del>11/30/09</del> <u>6/30/13</u> plus 1%.
Speech-language pathologists	Fee schedule	<del>Medicare fee schedule</del> Fee schedule in effect <u>6/30/13</u> plus 1%.
State-operated institutions	No change.	No change.
Targeted case management providers	No change.	No change.

ITEM 6. Amend subparagraph **79.1(5)“y”(2)** as follows:

(2) Allocation to fund for direct medical education. The total state fiscal year annual amount of funding that is allocated to the graduate medical education and disproportionate share fund for direct medical education related to inpatient services is ~~\$8,210,006~~ \$7,594,294.03. If a hospital fails to qualify for direct medical education payments from the fund because the hospital does not report direct medical education costs that qualify for payment as medical education costs under the Medicare program in the most recent cost report submitted before the start of the state fiscal year for which payments are being made, the amount of money that would have been paid to that hospital shall be removed from the fund.

ITEM 7. Amend subparagraph **79.1(5)“y”(5)** as follows:

(5) Allocation to fund for indirect medical education. The total state fiscal year annual amount of funding that is allocated to the graduate medical education and disproportionate share fund for indirect medical education related to inpatient services is ~~\$14,415,396~~ \$13,450,285.14. If a hospital fails to qualify for indirect medical education payments from the fund because the hospital does not report direct medical education costs that qualify for payment as medical education costs under the Medicare program in the most recent cost report submitted before the start of the state fiscal year for which payments are being made, the amount of money that would have been paid to that hospital shall be removed from the fund.

ITEM 8. Amend subparagraph **79.1(5)“y”(8)** as follows:

(8) Allocation to fund for disproportionate share. The total state fiscal year annual amount of funding that is allocated to the graduate medical education and disproportionate share fund for disproportionate share payments is ~~\$6,890,959~~ \$6,959,868.59. If a hospital fails to qualify for disproportionate share payments from the fund due to closure or for any other reason, the amount of money that would have been paid to that hospital shall be removed from the fund.

ITEM 9. Amend subparagraph **79.1(8)“d”(1)** as follows:

(1) The average actual acquisition cost (AAC), determined pursuant to paragraph 79.1(8)“g k,” plus the professional dispensing fee determined pursuant to paragraph 79.1(8)“j.”

ITEM 10. Amend paragraph 79.1(8)“j” as follows:

~~j. Effective February 1, 2013, or upon federal approval, whichever is later, professional dispensing fees shall be amounts determined by the department based on a survey of Iowa Medicaid retail pharmacy providers’ costs of dispensing drugs to Medicaid beneficiaries. For services rendered on or after February 1, 2013, and after federal approval, the professional dispensing fee for all drugs shall be \$10.02. Contingent on federal approval, the professional dispensing fee for services rendered on or after July 1, 2013, shall be increased to \$10.12. Future dispensing fees shall be amounts determined by the department based on a survey of Iowa Medicaid retail pharmacy providers’ costs of dispensing drugs to Medicaid beneficiaries, performed every two years beginning in state fiscal year 2014-2015.~~

ITEM 11. Amend subparagraph 79.1(16)“v”(2) as follows:

(2) Allocation to fund for direct medical education. The total annual state fiscal year funding that is allocated to the graduate medical education and disproportionate share fund for direct medical education related to outpatient services is ~~\$2,776,336~~ \$2,766,718.25. If a hospital fails to qualify for direct medical education payments from the fund because the hospital does not report direct medical education costs that qualify for payment as medical education costs under the Medicare program in the most recent cost report submitted before the start of the state fiscal year for which payments are being made, the amount of money that would have been paid to that hospital shall be removed from the fund.

ITEM 12. Adopt the following new rule 441—79.17(249A):

**441—79.17(249A) 2013 reimbursement rate increases.** To the extent required by 2013 Iowa Acts, Senate File 446, section 29(8), any increase in a provider’s reimbursement rate in accordance with 2013 Iowa Acts, Senate File 446, section 29, shall be used to increase compensation and costs of employment, including benefits, for nonadministrative staff.

ITEM 13. Amend paragraph 83.2(2)“b,” introductory paragraphs, as follows:

b. Except as provided below, the total monthly cost of the health and disability waiver services shall not exceed the established aggregate monthly cost for level of care as follows:

Skilled level of care	Nursing level of care	ICF/ID
<del>\$2,684</del> <u>\$2,765</u>	<del>\$922</del> <u>\$950</u>	<del>\$3,267</del> <u>\$3,365</u>

ITEM 14. Amend subparagraph 83.22(2)“c”(2) as follows:

(2) Services must be the least costly available to meet the service needs of the member. The total monthly cost of the elderly waiver services exclusive of case management services shall not exceed the established monthly cost of the level of care. Aggregate monthly costs are limited as follows:

<u>Skilled level of care</u>	<u>Nursing level of care</u>
<del>\$2,684</del> <u>\$2,765</u>	<del>\$1,300</del> <u>\$1,339</u>

ITEM 15. Amend paragraph 83.42(2)“b” as follows:

b. The total monthly cost of the AIDS/HIV waiver services shall not exceed the established aggregate monthly cost for level of care. The monthly cost of AIDS/HIV waiver services cannot exceed the established limit of ~~\$1,786~~ \$1,840.

ITEM 16. Amend paragraph 83.82(2)“d” as follows:

d. The total cost of brain injury waiver services shall not exceed ~~\$2,868~~ \$2,954 per month. If more than ~~\$505~~ \$520 is paid for home and vehicle modification services, the service worker shall encumber up to ~~\$505~~ \$520 per month within the monthly dollar cap allowed for the ~~consumer~~ member until the total amount of the modification is reached within a 12-month period.

ITEM 17. Amend paragraph 83.102(2)“b” as follows:

b. The total cost of physical disability waiver services shall not exceed ~~\$672~~ \$692 per month. If more than ~~\$505~~ \$520 is paid for home and vehicle modification services, the service worker shall

encumber up to ~~\$505~~ \$520 per month within the monthly dollar cap allowed for the ~~consumer~~ member until the total amount of the modification is reached within a 12-month period.

ITEM 18. Amend paragraph **83.122(6)“b”** as follows:

*b.* The total cost of children’s mental health waiver services needed to meet the member’s needs may not exceed ~~\$1,910~~ \$1,967 per month.

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EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 7/24/13.